

**DFI USE ONLY**

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REFUND \_\_\_\_\_ WAR# \_\_\_\_\_

**APPLICATION FOR THE PROPOSED**

\_\_\_\_\_  
(Proposed Name of Credit Union)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

This application is submitted to organize a State credit union pursuant to the Indiana code of 1971 28-7-1 and all acts amendatory thereof and supplemental thereto,

TO THE  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
402 WEST WASHINGTON ST, ROOM W066  
INDIANAPOLIS IN 46204-2759

**GENERAL INSTRUCTIONS**

Please print or type this application.

This application must be completed in triplicate and each copy signed by all incorporators. Signatures of incorporators must be original on all three copies.

All questions must be answered in full. If the answer to a question is "no", "none", or "not applicable (N/A)", so state.

Triplicate sets of Articles of Incorporation together with a set of by-laws, signed by all incorporators, must accompany this application at the time it is submitted to the Department.

A check in the amount of \$30.00 made payable to the Secretary of State of Indiana must accompany this application at the time it is submitted to the Department.

If the space on this form is inadequate, use separate sheets of paper and attach same to this form – marking them Schedule 1, Schedule 2, etc.

A defective or incomplete application may be rejected.

Section 1

General Information

1. The proposed name of the credit union is:  
\_\_\_\_\_
2. The mailing address of the credit union shall be:  
  
Street & Post Office Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_
3. The name, address, and telephone number of the key person is:  

Name _____	Telephone number _____
Address _____	City _____ State _____ Zip _____
4. This credit union shall have the following type of common bond:
  - (a) (Please check one)

Occupation	_____
Trade	_____
Professional Association	_____
Labor Organization	_____
Local Church	_____
Farm Bureau Organization	_____
Other (describe)	_____
  - (b) This common bond shall also include (please check one or more)

Members of the immediate family	_____
Organizations of such persons	_____
Employees of the credit union	_____
Once a member, always a member	_____
5. Define clearly the exact field of membership of this common bond to be served: \_\_\_\_\_
6. Is the common bond of a permanent nature? \_\_\_\_\_
7. Describe the territory or locations to be served: \_\_\_\_\_
8. Do you plan to establish any service offices or branches in the near future? \_\_\_\_\_ If yes, give the locations. \_\_\_\_\_
9. Are persons at these locations within the common bond? \_\_\_\_\_
10. Are persons at these locations to be included in the field of membership?

## SECTION II

### Stability of the Associated Entity

1. The name and address of the entity comprising the common bond is:  
(If more than one, use attachment)  
  
Name of company  
or organization \_\_\_\_\_  
  
Address \_\_\_\_\_  
  
City, State, Zip \_\_\_\_\_
2. What is the number of members or full-time employees of the entity comprising the common bond? \_\_\_\_\_
3. What is the approximate number of family members of the group that is within the common bond, if applicable? \_\_\_\_\_
4. Describe the exact nature of business, or type of organization, of the entity  
\_\_\_\_\_  
\_\_\_\_\_
5. How many years has the entity been organized? \_\_\_\_\_
6. Is the entity incorporated? \_\_\_\_\_
7. What is the exact date of organization or incorporation of the entity? \_\_\_\_\_
8. Is this entity a subsidiary, affiliate, or division of a parent entity? \_\_\_\_\_  
If yes, give the name and address of the parent entity.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Will any members or employees of the parent entity be eligible for membership? \_\_\_\_\_
10. Are the executives or officers of the entity favorable toward the organization of the credit union? \_\_\_\_\_

11. Give the name, title, and address of three who may be contacted.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
12. Is the entity willing to assist the credit union in communicating with the members? \_\_\_\_\_
13. Will the credit union be allowed to operate on the property of the entity? \_\_\_\_\_ If yes, what will be the cost to the credit union for this facility? \_\_\_\_\_
14. What type of security, if any, is available? \_\_\_\_\_
15. Is a system of payroll deduction available from the entity? \_\_\_\_\_
16. In your opinion, is the entity well established and will it continue indefinitely? \_\_\_\_\_ If no, explain \_\_\_\_\_
17. Do you presently know of any plans the entity has of expanding, discontinuing, relocating, or moving out of state? \_\_\_\_\_ If yes, explain \_\_\_\_\_
18. For the purpose of examining the stability of the entity, it would be most helpful if the incorporators would request information the entity may be willing to provide to assist in this determination of stability, which is prescribed by law. This information could include a financial statement if agreeable to the entity, however, failure to obtain such will not necessarily have an adverse effect on the determination of its stability. Any printed or published financial statement may be submitted. However, any such printed or published statement must be on the same size paper as the application itself (8.5"X 11"paper). Since the information on this financial statement may have a material effect in the decision of the Department, it shall be considered a part of the public record of this application.

Section III  
Character and Management Qualification of Proposed  
Directors and Officers

Part A-General Information

1. Do the proposed directors and officers have a thorough knowledge of the Indiana Code as it affects the operation of credit unions? \_\_\_\_\_ If no, are they willing to obtain this knowledge on their own? \_\_\_\_\_
2. Are all proposed directors and officers familiar with the powers and duties delegated to them for the faithful performance of which the Department of Financial Institutions shall hold each responsible? \_\_\_\_\_
3. Are the proposed active officers experienced in keeping adequate records and books? \_\_\_\_\_
4. What will be the titles of the active chief executive officers?  
(Please check one or more)

President	_____	Treasurer	_____
Vice President	_____	Asst. Treasurer	_____
Asst. Vice President	_____	Other (explain)	_____

5. Such active chief executive officers shall be? (Please check one)

Volunteers, without pay, from among the group	_____
Personnel, with pay, from among the group	_____
Experienced personnel, without pay, from outside	_____
Experienced personnel, with pay, from outside	_____
Others (explain)	_____

6. What is the projected salary schedule, if any, of proposed officers and employees for the next three years? (This question shall be considered also in examining the economic feasibility of the credit union.)

	20__	20__	20__
President or Treasurer	_____	_____	_____
Vice President/Asst. Treasurer	_____	_____	_____
Employees	_____	_____	_____
Number of employees	_____	_____	_____

## Part B-Detailed Information

This part of the application should be completed by each director and each officer. This is a request for voluntary disclosure of personal information, but is deemed necessary by this Department in order to determine the general character and management qualification of proposed directors and officers as required by Section 1 of the Indiana credit Union Act (IC 28-7-1-1). Failure to disclose this information could result in denial of the application due to inadequate data. Since the information could have a material effect in the decision of the Department, it shall be considered a part of the public record of this application.

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Address \_\_\_\_\_ Place of Birth \_\_\_\_\_
3. City, State, Zip \_\_\_\_\_ Length of residence \_\_\_\_\_
4. Marital Status \_\_\_\_\_ Wife/Husband's name \_\_\_\_\_
5. Trade names and/or other names used in place of given name  
\_\_\_\_\_
6. List civic, professional, social, or other organizations in which you have membership. \_\_\_\_\_  
\_\_\_\_\_
7. Resume of Education \_\_\_\_\_  
\_\_\_\_\_
8. Employment record: (begin with present employment on first line and past employment on subsequent lines)  
  

<u>From</u>	<u>To</u>	<u>Name, Location, and Type of Business</u>	<u>Position &amp; Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
9. Give details of all pending civil litigation of any nature in which you were involved either as plaintiff or defendant.

Title and Nature of Proceeding

Date

Name & Address of Court

Amount

10. Business Affiliations – List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner:

<u>Name, Location &amp; Type of Business</u>	<u>Position &amp; Nature of Duties</u>
_____	_____
_____	_____
_____	_____

11. List below at least three references. (This could include any banks, finance companies, credit unions, business associates, or anyone else with whom you have been associated.)

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Have you ever been adjudged a bankrupt or been involved with a receivership or assignment for the benefit of creditors, or had to work out a compromise with your creditors? \_\_\_\_\_ If so, set forth the details below.

<u>Title &amp; Nature of Proceeding</u>	<u>Date</u>
_____	_____
_____	_____

  

<u>Name &amp; Address of Court</u>	<u>Disposition</u>
_____	_____
_____	_____

13. Have you ever been convicted of, or pleaded nolo contendere to, any criminal offense involving dishonesty or breach of trust?

\_\_\_\_\_

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that said information is submitted voluntarily by me to the Department of Financial Institutions.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Section IV  
Economic Feasibility

1. Does the group to compose the common bond presently have any form of savings plan available? \_\_\_\_\_ If yes, explain.  
\_\_\_\_\_
2. From which of the following does the group now have the availability of loan services? (Please check one or more.)  
  
Banks \_\_\_\_\_  
Credit Unions \_\_\_\_\_  
Savings & Loan Associations \_\_\_\_\_  
Finance Companies \_\_\_\_\_  
Other (explain) \_\_\_\_\_
3. Do all or parts of the group presently have the availability of credit union membership or services? \_\_\_\_\_ If yes, give names and locations.  
\_\_\_\_\_
4. Describe any other financial services available within the general economic area to the group composing the common bond.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Number of persons who attended the charter meeting. \_\_\_\_\_
6. Does the group have leaders competent to operate a credit union and willing to sacrifice time and effort to this end? \_\_\_\_\_
7. Number of persons expressing a willingness to join the credit union. \_\_\_\_
8. On the following page is a list of signatures of at least one hundred persons who displayed interest in joining the credit union. (These signatures need not be obtained in triplicate, but may be reproduced when all are obtained. However, at least one set of original signatures must be submitted with the application.)

Signatures of Persons Interested in Joining the Credit Union

1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
10		35	
11		36	
12		37	
13		38	
14		39	
15		40	
16		41	
17		42	
18		43	
19		44	
20		45	
21		46	
22		47	
23		48	
24		49	
25		50	

Signatures of Persons Interested in Joining the Credit Union

51		76	
52		77	
53		78	
54		79	
55		80	
56		81	
57		82	
58		83	
59		84	
60		85	
61		86	
62		87	
63		88	
64		89	
65		90	
66		91	
67		92	
68		93	
69		94	
70		95	
71		96	
72		97	
73		98	
74		99	
75		100	

We, the undersigned seven or more incorporators, all of whom are residents of the State of Indiana, of legal age, and representing a group of not less than five hundred persons having a common bond, as defined in the Articles of Incorporation, hereby make application to the State of Indiana Department of Financial Institutions to organize a State credit union and hereby bind ourselves to comply with all the laws, rules, and regulations of the State of Indiana applicable to credit unions and with the requirements of the Articles of Incorporation, in witness whereof, we have signed and acknowledged in triplicate and have annexed hereto.

We hereby further certify, jointly and severally, that the statements contained herein are true to the best of our knowledge and belief.

Respectfully Submitted,

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

STATE OF INDIANA        )

County of \_\_\_\_\_ )

The foregoing Application to organize a State credit union and the representations by the incorporators were subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by the above named persons.  
Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**CONFIDENTIAL**  
**BIOGRAPHICAL AND FINANCIAL REPORT**

submitted by

\_\_\_\_\_ of  
(Last Name)                      (First Name)                      (Middle Name)

\_\_\_\_\_  
(Address)                      (City)                      (State)                      (Zip)

to THE DEPARTMENT OF FINANCIAL INSTITUTIONS, STATE OF INDIANA, in  
connection with an application for the organization of:

Please type or print this report which is to be completed by each applicant,  
director, and managing officer – existing or proposed – and submit twelve copies  
for the Members confidential use in evaluating an application in which the  
submitter is a party.

Each item of the report should be completed by entry of the data or insertion of  
the words “none” or “N/A”. If any space provided is insufficient, a signed  
supporting statement should be attached.

## PART 1

Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Place of Birth \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Marital Status \_\_\_\_\_  
Husband's full name \_\_\_\_\_  
Wife's full maiden name \_\_\_\_\_  
Children – Names and ages \_\_\_\_\_

If divorced, give name(s) of previous spouse(s) and any current alimony arrangements. \_\_\_\_\_

Educational background \_\_\_\_\_

Residences within past 15 years – list cities and, if readily available, all street addresses, with period covered by each. \_\_\_\_\_

Occupation \_\_\_\_\_

Employers – list all within past 15 years and period covered by each, including any period(s) of self-employment \_\_\_\_\_

Have you ever been adjudged a bankrupt or compromised with creditors? If so, give details including court(s) in which proceedings were conducted, indicating ultimate disposition of the claims of creditors.

Have you ever been affiliated with a business that has been adjudged bankrupt or compromised with creditors? If so, give details including court(s) in which proceedings were conducted, indicating ultimate disposition of the claims of creditors.

Have you ever been charged (*Include charges even if they were dismissed and include court martials while in military service and include actions involving breach of trust*) or convicted in a legal proceeding with the commission of a criminal offense other than a traffic violation for which you paid a fine of \$30.00 or less and an offense committed prior to your sixteenth birthday (*if the answer is in the affirmative, the circumstances, including the nature of each offense referred to and the date and place of charge or conviction, must be explained in detail*).

PART II

FINANCIAL STATEMENT

AS OF \_\_\_\_\_, 20 \_\_\_\_

ASSETS\*\*

Cash on hand and in banks	_____
U.S. Government bonds	_____
Other creditor securities	_____
Stocks (a)	_____
Other proprietary interests (including closely held corporations) (a)	_____
Cash surrender value of life insurance	_____
Notes and other debts receivable	_____
Real estate owned (b)	_____
Other assets	_____
<b>Total Assets</b>	_____

LIABILITIES

Notes and accounts payable	_____
Real estate mortgages payable	_____
Other debts secured by assets owned	_____
Judgments outstanding (c)	_____
Other liabilities	_____
<b>TOTAL LIABILITIES</b>	_____
Net worth	_____
<b>Total liabilities and Net Worth</b>	_____
Contingent liabilities (d)	_____
Indirect liabilities (e)	_____
Lawsuits pending (f)	_____

List and describe any substantial changes in the above anticipated within the next year

\*Subsidiary schedules to the Financial Statement are keyed to certain items.

\*\*If any asset is not owned outright or is recorded as owned in other than your own name solely, please attach a signed explanatory schedule.

(a) List as to stock and proprietary interests in financial institutions and businesses handling real estate, hazard insurance, home construction, land development, building supplies, or mortgage brokerage – attaching separate sheets (signed) if needed.

Name of Institution

Incorporated or unincorporated?

Nature of activity

Value of your interest

Latest annual return or loss on your interest

(b) Real estate owned (For each parcel included give the following information – attaching separate sheets (signed if needed)

Location and brief description of property

Fair market value

Liens outstanding – amounts and holders

Equity

(c) Judgments outstanding (Please give all pertinent details)

(d) Contingent Liabilities (Please give all pertinent details)

(e) Indirect Liabilities (Please give all pertinent details)

(f) Lawsuits pending (Please give all pertinent details; in addition to personal lawsuits in which you are a defendant, include any case involving a corporation in which you are an officer or substantial stockholder.)

## **STATEMENT OF INCOME**

Latest annual salary and net income from other sources – itemize.

I CERTIFY that the information contained in this questionnaire has been carefully examined by me and is true, correct and complete, and that said information and statement of financial condition are submitted voluntarily by me to the Department of Financial Institutions for its confidential use subject to I.C. 1971 28-1-2-30 (Burns 18-229)

---

(Signature in Full)

---

(Typed or Printed Name)

---

(Date of Signature)

## **Articles of Incorporation**

### **ARTICLE I**

The name of this corporation is \_\_\_\_\_ Credit Union, of  
\_\_\_\_\_, Indiana.

### **ARTICLE II**

The post office address of the principal office of this corporation is:

\_\_\_\_\_  
Street Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
(County)

### **ARTICLE III**

The purposes for which this corporation is formed are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ARTICLE IV**

The period during which this corporation shall continue as a corporation is unlimited.

### **ARTICLE V**

The qualification for membership in this credit union shall be:

\_\_\_\_\_  
\_\_\_\_\_

## ARTICLE VI

The capital stock of this corporation is member-shares. The credit union may issue shares of stock, the par value shall be \_\_\_\_\_.

## ARTICLE VII

The maximum number of Directors of this corporation shall be \_\_\_\_\_.

## ARTICLE VIII

The name, post office address and term of office of each member of the First Board of Directors are as follows:

Name	Post Office Address	Term of Office
1.		
2.		
3.		
4.		
5.		
6.		
7.		

## ARTICLE IX

The name and post office address of each of the incorporators and the number of shares subscribed by each of them are as follows:

Name	Post Office Address	Term of Office
1.		
2.		
3.		
4.		
5.		
6.		
7.		

(Note: Additional articles may be included to state any other provisions, consistent with the laws of this state relative to Credit Unions, for the regulation, operation, or limitation of the business or powers of the union, its directors and shareholders.)

IN WITNESS WHEREOF, we have hereunto signed our names in triplicate this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA )

COUNTY OF \_\_\_\_\_ )

Personally appeared before me the undersigned, a Notary Public within and for the aforesaid County and State, the within named \_\_\_\_\_

\_\_\_\_\_

who acknowledged the execution of the foregoing Articles of Incorporation.

WITNESS my hand and Notarial seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_

(Note: At the time of filing of the above application, the incorporators are required to submit a set of By-laws with the acknowledgment of their adoption by the incorporators as provided by the Act.)